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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE *(AL)*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE *(AL)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\* *(AL)*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> <i>AL</i>	Examiner's Signature <i>Aloma Rehm</i>	Initials <i>AL</i>		

## ADDRESS

37833

## TITLE

Office gym exercise kit

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